



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR TEMPORARY PERMIT FOR REGISTERED OR LICENSED PRACTICAL NURSE INSTRUCTION SHEET

File this form **ONLY IF** you have **ALREADY FILED** an application for a Delaware RN or LPN license **AND** you meet **ALL** of the following conditions:

- You have a job offer.
- If you applied by examination, your start work date will be before you take the exam. If you applied by endorsement, your start work date will be before the endorsement process is complete.
- Where your offer of employment must be located depends on whether you applied by examination or endorsement:
 - If you applied by examination, your offer of employment must be *in Delaware*.
 - If you applied by endorsement **and** are a Delaware resident, your offer of employment may be *in Delaware or in another compact state*. However, if you applied by endorsement and you are **not** a Delaware resident, your offer of employment must be *in Delaware*.

If you have not yet filed an application for a Delaware RN or LPN license, **STOP**. Do not file this application. You **must** apply by [examination](#) or [endorsement](#) first.

Requirements

- ☐ Submit completed and signed [Application for Temporary Permit for Registered or Licensed Practical Nurse](#).
 - **Follow instructions carefully. You must answer *all* questions unless the instruction says to skip them. Do not leave answers blank if the instruction says to enter them. If an answer is "none," enter *None*. Incomplete applications will be rejected.**
- ☐ Enclose the non-refundable [temporary permit fee](#) by check or money order made payable to "State of Delaware." Applications submitted without this processing fee will be rejected.
- ☐ If applying by examination, we must receive the following before issuing the temporary permit:
 - Official transcript
 - Copy of your job offer letter
 - State of Delaware and Federal Bureau of Investigation criminal history report.
- ☐ If applying by endorsement, we must receive the following before issuing the temporary permit:
 - Nursing reference form
 - Copy of your job offer letter
 - State of Delaware and Federal Bureau of Investigation criminal history report.

The instructions and forms you need for the above items are included with the [license application](#).

After You Apply

We will issue your temporary permit within seven business days of receiving all required information. To verify when it is issued, see [Search & Verify a Professional License](#). We will mail the permit to you. You cannot pick it up at our office.

- If you applied by examination, your temporary permit expires 90 days after your graduation date. However, if you fail the examination, it expires immediately.
- If you applied by endorsement, the permit expires 90 days after issue.

Do not begin orientation or employment until you are assigned a temporary permit number.



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF NURSING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

APPLICATION FOR TEMPORARY PERMIT FOR REGISTERED OR LICENSED PRACTICAL NURSE

TYPE OF APPLICATION PREVIOUSLY FILED – If you have not already filed for RN or LPN licensure – STOP!

1. Check type of application you have filed: ☐ RN by Endorsement ☐ LPN by Endorsement
☐ RN by Examination ☐ LPN by Examination

IDENTIFYING AND CONTACT INFORMATION

2. Full Name: _____
Last First Middle Maiden
3. Phone Number: _____ Email: None ☐ _____

EMPLOYMENT INFORMATION

4. Do you have a job offer or are you a compact state nurse currently employed in Delaware? Yes ☐ No ☐
• If no, **STOP**. Do not file this application until you have a job offer:
• If yes, enter the following information about your job (offer).

Employer: _____

Address: _____

City State Zip

Contact Name: _____ Phone: _____

Enclose a copy of your job offer letter signed by this employer.

A job offer letter is not required if you are a compact state nurse already employed in Delaware.

5. Enter your start date (month/day/year): ____/____/____

Applicant Signature: _____ **Date** _____

APPLICATIONS THAT ARE UNSIGNED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED PROCESSING FEE WILL BE REJECTED.